How Can Departments and Institutes/Service Lines Work Well Together within the Academic Health Center?
Current Realities

- Patient-centered care, not academic specialty-centered care
  – See Lee, Cosgrove; Harvard Business Review, June 2014
- Reimbursement for entire episode of care or care over time – not just a single physician type
- Team science vs departmental science
- System-based vs local practice
- Academic identity, advancement, and support are important, and departmental based.
Domains of Departments and Institutes

• Departments
  – Academic – manage education and research – tied primarily to COM
  – Traditionally manage own clinical practice: faculty and staff
  – Promotion and certification – physician identity
  – Traditionally funds for these activities flow through department

• Institutes/Service Lines
  – Predominantly clinical (service lines), research or both clinical and research (institutes)
  – Span departments – both clinical and research
  – Separate funds flow from department
  – Faculty and staff are almost always in both Department and Institute
The Neuroscience Institute (TNI)

• Established in 1998 in response to service line request from Health Alliance ($1 million dollars a year to support service-line infrastructure).
• A center of excellence located at University Hospital in Cincinnati and the University of Cincinnati College of Medicine
• Physician-led and driven
• Neurosurgeon – Clinical Director, Neurologist – Research Director
• $100,000 for pilot multidisciplinary research awards
TNI Collaboration Early 2000s

- Neurology
- Neurosurgery
- Neuroradiology
- Radiation Oncology
- ENT, Head & Neck Surgery
- Emergency Medicine
- PM&R
- Neuro-ophthalmology
- Internal Medicine
- Psychiatry
Wins for TNI

- Basis for fundraising
- Pilot studies with large ROI
- Nursing staff certification, consolidation
- Standardized marketing and branding
  - But not UC…
- Congress of physicians with shared purpose

- What it was not (for the most part):
  - Organized around the patient, not a real clinical service line—no operational connectivity
Five Centers of Excellence

The Neuroscience Institute
University Hospital
University of Cincinnati
Cincinnati, Ohio
College of Medicine

The Center for Neurotrauma
Head and spinal cord injury, rehabilitation, and trauma prevention

The Center for Functional Neuroscience
Parkinsonism, tremor, disorders of the senses, and pain

The Center for Advanced Brain Tumor Research and Treatment
Brain tumors, pituitary tumors, spinal cord tumors, and other tumors of the head and neck, restorative treatment program

The Center for Neurovascular Disease
Stroke, aneurysms, and arteriovenous malformations (AVMs)

Cincinnati Epilepsy Center
Epilepsy and seizures
Twelve Centers
Figure 1: UC Health & COM - Institute Governance Structure

The COM Dean, UC Health CEO, Chair of the SAOG, and Institute Director will form a management team to oversee institute policies and operations. This team will be staffed by the UC Health Institute Coordinator.
*Governance is the system of relationships by which the institute is directed and controlled. The governance structure specifies the rights and responsibilities among the various participants and specifies the rules and procedures for making decisions. Governance provides the structure through which the organization sets and pursues objectives, and monitors the actions, policies decisions, and progress of the institute. Governance involves the alignment of interests among stakeholders.
UC Neuroscience Institute Management* Structure

Matrix Relationships

Institute Director
Joe Broderick, MD

Administrative Director

Associate Directors of Clinical, Basic Research & Clinical Research

Operations Director
Nursing Director
Database Analyst
COE Manager(s)
Program Coordinator

Outpatient Practice Leadership
Nursing Leadership
IS&T Leadership

Practice Managers
Nurse Managers

*Management is the function of positions within an organization that coordinate the efforts of people to accomplish goals and objectives using available resources efficiently and effectively.
Evolution of Structure and Relationships

- **CFAR Consultation -2014.** UC/UC Health Institutes Initiatives - Decision Charting Survey November 3, 2014
- 2015 – Dean and CEO one-page white paper about Institutes and Departments
- 2016 – New UC Health draft on structure of institutes and service lines and relationships to departments
Stakeholders include participating department chairs & site leaders. Etc.

Clinical Program A
Clinical Program C
Clinical Program D
Departmental Point of View
Departmental Realities

• The value of institutes/service lines are hard to argue against, because multidisciplinary care is the way of the future and SHOULD be.
• Patients must come first—lack of collaboration is single biggest dissatisfier on Press Ganey.
• But institutes can cause tension for the chair role.
• The hard part is finding a way to maximize the “good” of institutes/service lines without removing/weakening the “good” of departments.
Departmental Realities

• The hard part is finding a way to maximize the “good” of institutes/service lines without removing/weakening the “good” of departments

• Strength in numbers

• Value of cross subsidization, examination of all of neuroscience as one entity (which it is to UC Health)
Harvard Chair Course

• Case studies--Hopkins
• Service lines/institutes:
  – Spectrum:
    • Consultative Model
    • All-in model
  – Both can work
  – May be dependent upon environment—is health care system “dominant” or COM?
• Boxology—and how it can fail in distributed/matrix decision making
Departmental Realities

- Consider Cancer Institute/Service Line
- Key elements might be Internal Medicine and Surgery
- Surgical Oncology = division, fits well as a surgery unit inside institute
- Heme/Onc = division, fits well inside institute
- Institute Director = integrator of these divisions that cross department lines
- Chairs--still have influence, especially regarding hiring/firing, strategic direction, etc.
  - Direct authority over division directors
Departmental Realities

• Consider Neuroscience Institute/Service Line
• What exists in a Neurology department that wouldn’t be fully encompassed by the Institute?
• CFAR exercise—10 scenarios, assign responsibilities/roles; only role that fell exclusively to chair was discipline the bad doctor
• But…
  – Hiring/firing into academic home is department activity
• Bottom line—CFAR didn't resolve the institute/department tensions, or significantly clarify roles
Departmental Realities

• At the end of the day, the Chair is a middle manager
  – Only the Dean can fire me, but I will fail if I don’t work well with health system leaders

• The relationship with Institute is important – Structure matters in that personalities can change, so defined roles are very important

• Money flow matters
Institutes

• Institutions struggle with the integration of institutes and departments with respect to governance, management, and delineation of decision making.

• Key questions
  – What should be included and what shouldn’t be?
  – What is the value added? What do we do better together than apart (as departments)
  – Who makes decisions regarding what and when?
  – What functions are best located within Institute and what within Departments?
What should be included and what shouldn’t be?

• Identity is important - “neuroscience”. Neurology, Neurosurgery, Psychiatry

• For other Departments, use patient and their illnesses as guide
  – ENT – skull-base and pituitary tumors, balance disorders, speech and swallowing. Not allergy, head and neck cancer, etc.
  – Neuroradiology not Radiology
What is the value added?

- Focus on what is best for patient, not department
- Practice integration – multidisciplinary
- Fundraising
- Marketing
- Helpful for departments in competition for internal resources – particularly if the institute/service line is priority within organization
- Team science including pilot funding
Who makes decisions regarding what and when?

- Hardest question – gets at governance and management
- Matrix decision making – shared
- Institute Executive Committee of key departmental and service line leaders
- Two examples:
  - In our system, Institute Director participates and has major input into recruitment of faculty, but ultimately is not the person who hires (Chair does)
  - Individual chairs have input into how marketing dollars are spent but don’t make final decision (Institute Director does)
What functions are best located within Institute and within Department?

• Institute
  – Patient-centered care processes
    – all locations
  – Facility planning
  – Marketing/Communication
  – Fund-raising
  – Community education
  – Hospital-based practice, transitions of care
  – Data and metrics for neuroscience overall (financial, patient satisfaction, research funding, etc.)
  – Pilot research funding
  – Shared reporting of Center Directors with Chairs

• Departments
  – Hiring, development, and evaluation of faculty
  – Academic promotion
  – Medical student, resident and fellow education
  – Faculty practice (also shared focus on patient-centered care)
  – Chairs should participate strongly in fund-raising – may take the lead on certain programs or donors
  – Chair has many more primary direct reports than Institute Director
Why Service Lines Fail

• Try to change the fabric of both clinical care by service line AND departmental function

• Clinical Service Line Director
  – meant to be highly operational
  – Look at big picture outcomes
  – Think about standardizing practice
  – “Keep evil suits out of the way”—Pete Gilbert, 10/4/16
Twelve Centers
Clinical
- 22 ongoing clinical trials
- Development of new proven therapies

Basic science
- New animal models of Parkinson’s
- Stress-induced depression
- Testing novel treatments
Gardner Center

Community / Patients

Physicians

Future Leaders
Gardner Center

5,650 Total Patients

40 DBS surgeries

14 Grant submissions

43 Journal publications

983 New Patients
Our Vision ...

A coordinated, compassionate care *home* for people afflicted with Neurological and Psychiatric Disorders
Vision of Place

• “We would like this to be a place where patients and families feel it's a home for their disease or problem - where you get diagnosed, treated, learn about your problem, and can interact with other people who also have the problem to share best ideas and to help one another”
Vision of Place

• “We would also like this to be a professional home for the physicians and other health care personnel who work in the building. A place where patient-centered care is central to everything we do, collaboration is facilitated, and research and education are integrated”
Patient Centered

- Neuro radiology
- Neuro surgery
- Radiation oncology
- Neurology
- Ear, nose and throat
- Neuro ophthalmology
- Emergency medicine
- Neuro critical care
- Physical medicine rehab
- Psychiatry